2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 08, 2006
Secretary of State

DOCUMENT# P02000120094

Entity Name: DORAL DENTAL LAB INC

Current Principal Place of Business:

7210 SW 57 AVENUE
SUITE 223
MIAMI, FL 33143

New Principal Place of Business:

Current Mailing Address:

7210 SW 57 AVENUE
SUITE 223
MIAMI, FL 33143

New Mailing Address:

FEI Number: 47-0896282 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

VAZQUEZ, JAVIER
7210 SW 57 AVENUE
SUITE 223
MIAMI, FL 33143 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: VASQUEZ, JAVIER
Address: 10845 SW 89 TERRACE
City-St-Zip: MIAMI, FL 33176

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: OWNE (X) Change ( ) Addition
Name: VASQUEZ, JAVIER
Address: 10845 SW 89 TERRACE
City-St-Zip: MIAMI, FL 33176

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JAVIER VASQUEZ OWNE 01/08/2006

Electronic Signature of Signing Officer or Director — Date